NUBC Meeting Summary
May 23-24, 2001
Chicago, Illinois

Coding Requests:

- HCFA requested new Patient Status Codes for Inpatient Rehabilitation Facility PPS. The current Patient Status Code for discharged/transferred to another type of institution for inpatient care (code 5) is too inclusive for Medicare purposes. This request was to split out separate codes for long term care and for rehabilitation services. This would involve defining two new codes and modification of the usage notes that currently exists for Patient Status code 5.

  - Operational Discussion – This request was supported by the NUBC.
  - Result - Two new status codes were approved effective 10/1/01. Final wording will be published later this spring. The new codes are:

    62 Discharge/transfer for Rehabilitation Services
    63 Discharge/transfer for Long Term Care Services

  Public Health Note: This discussion was very relevant to ongoing Public Health discussions and initiatives to leverage our data collection systems off of existing standards. It is important that we carefully define our data needs and do a thorough job of researching other interested groups. As part of a consortium initiative to develop a dedicated 837-implementation guide for use in reporting information supported by the claim standard to regulatory authorities, it is important to understand the UB coding structures that will now be available.

- Condition Code for Critical Access Hospitals (CAH) Ambulance Services. Medicare requested this code to reimburse these services more equitably. The condition code would identify those CAHs that are the only provider or supplier of ambulance services within a 35-mile radius and are exempt from the Ambulance Fee Schedule.
  - Discussion – The NUBC had few questions about the need to fairly reimburse providers for the ambulance services provided by Critical Access Hospitals. There were questions about when this particular data would be collected. How is the 35-mile radius defined? Does a provider's interpretation of the 35-mile radius open the provider up for fraud and abuse investigations?
  - Result - In spite of these concerns the NUBC approved a condition code effective 10/1/2001. Final wording will be published later this spring

    B2 Critical Access Hospitals Ambulance Attestation

  Public Health Note: This discussion was very relevant to Public Health. All data element requests need to be clearly defined. Without that clarity the noble

purpose for which that data element was requested may be undermined because of collection issues.

- Department of Defense Request for Attending Physician ID - The purpose of this request was to provide a way to identify military physicians who do not have a UPIN number.
  - Discussion – At the last NUBC meeting members were asked to go back to their sponsoring organizations for comment. There was still agreement that this request was reasonable
  - Result – The NUBC will officially support the Department of Defense request to HCFA to include the DOD prefix as an acceptable UPIN number. Once HCFA approves this request, the UB-92 manual will be updated to reflect that change.

- Newborn Birth Weight Value Code
  - Background – In conjunction with a change request (#191) made to the Designated Standards Maintenance Organization (DSMO) that effects the collection of the newborn birth weight on institutional claims, the NUBC approved a value code (54) for that purpose. The DSMO request was to make newborn birth weight data elements NOT USED in that 837 Institutional Implementation Guide. The rationale for using the value code rather than the designated data elements is that value codes can be used on both paper and electronic claims. It was argued that this would be a more standard approach. We agree with that premise. However, there is still one point of contention. The designated data elements in the electronic standard defined a situation when the newborn birth weight needed to be reported. In the electronic standard this situation could be enforceable. It is still unclear how that situation can be enforced using the more standard value codes.
  - Note: In the SPARCS system we have value codes that we require. To insure that these codes are reported it is incumbent on our edits to guarantee that the required value codes are reported correctly.
  - Discussion - The agenda item for the NUBC was to develop a definition for value code 54 - Newborn Birth Weight.
  - Result – The following definition was proposed: Newborn birth weight in grams. Required on all claims with a Type of Admission equal to 4 and on other claims as required by state law. The actual birth weight or weight at time of admission for extramural birth is to be reported. The effective date is 10/16/2002.

Public Health Note: During the discussion Marjorie made a strong argument that the business of health care includes the information to improve the health of America. This includes the newborn birth weight. This is one of those issues that totally justifies our being included in the discussion of national standards. Decisions made by standard development and data content committees do effect provider information systems. It is our role to broaden the definition of the "business of health care" beyond those defined by HIPAA.

HFMA Request for Membership

The Healthcare Financial Management Association (HFMA) requested membership on the NUBC. HFMA originally was a member of the NUBC, but resigned several years ago. Because HFMA is an individual member organization, the current NUBC bylaws would have to change to permit that membership application to be considered. The committee felt that before that action is being considered HFMA should feel free to participate in NUBC open meetings. The committee recognizes their perspective and experience in the standards development process would provide valuable input into the process.

Designated Standards Maintenance Organizations (DSMO) & Items for Action

The committee spent a considerable amount of time discussing the DSMO process and some outstanding DSMO change requests. The first round of change requests have been received and reviewed by the DSMO organizations. Each participating DSMO organization has made recommendations for each change request. Where the DSMO organizations agree, those recommendations will be passed onto the National Committee on Vital and Health Statistics (NCVHS) for hearings before a final list of recommended changes is sent to the Secretary of Health and Human Services for action. Several change requests where no agreement has been reached have been appealed. Because this process is so new, the particulars of this appeals process are still unclear.

- DSMO Request Number 197 - Patient Paid Amount

  - Discussion – As part of the DSMO dialog about this request the NUBC agreed to define a value code so Medicaid client spend down liability could be reported. The current DSMO recommendation for this request is that NO CHANGE occurs to the institutional implementation guide. A Medicare Fiscal Intermediary supported this decision, because this data element is used to adjudicate claims. For this reason they would not support future efforts to make this data element NOT USED in the implementation guide.
  - Result – The NUBC voted to approve Value Code 66 to indicate Medicaid Client Spend Down Liability. Because the need for this code is linked to the implementation of the HIPAA transaction standards, the effective date is 10/16/2002.

- DSMO Request Number 198 - Service Authorization Exception Code

  - Discussion – As part of the DSMO dialog about this request the NUBC was asked to research whether available UB-92 codes could serve the same function as defined for this data element in the institutional implementation guide. The current DSMO recommendation for this request is that NO CHANGE occurs to the institutional implementation guide. It was determined

that this data element is used by New York State Medicaid to allow for service when authorization could not immediately be obtained.

- Discussion - Based on the dialog, there was concern that the DSMO "fast track" process did not provide amble opportunity to gather a broad perspective of the problem or any proposed solutions. It was suggested that a formal "gap" analysis between the 837 and the UB Specifications be completed as part of the discussions for UB-02.
- Result – It was decided that more research was necessary before recommending any further action on this DSMO resquest.

Public Health Note.

We are of the belief that the problems encountered during this first pass of the DSMO process will in the long run create a better environment for developing national standards. For that reason, we think it is important to reiterate the statement made in the last NUBC summary document we distributed.

IMPORTANT: WE NEED TO STAY INVOLVED. WE NEED TO PAY ATTENTION TO CHANGE REQUESTS BEING MADE. IF WE IDENTIFY PROBLEMS WITH A CHANGE REQUEST, WE NEED TO VOICE OUR OPINION.

If you identify a problem, please contact your friendly NUBC or NUCC Public Health representative (Marjorie Greenberg, Donna Pickett, Bob Davis, Denise Koo, or Walter Suarez)

We again encourage anyone interested to bookmark the DSMO Web site and help us remain eternally vigilant.

State Issues

- Once again issues related to ambiguities in the definition of UB codes was discussed. The particular issue during this meeting was the difference between an implant and a prosthetic in the 27x Revenue category. As a result a work group was formed to look at areas where greater definition was needed in UB codes.

Public Health Note.

Anyone interested in participating in this work group should contact Marjorie Greenberg, Donna Pickett, or Bob Davis.

Other Issues

- The NUBC and X12 are both discussing establishing guidelines to specify the appropriate situations when a dental, professional, or institutional claim should be used. The HIPAA law does not provide sufficient clarity to resolve this

issue. After some discussion, a work group was formed to coordinate with the National Uniform Claim Committee (NUCC) and the Dental Content Committee (DeCC) to establish such a document. It was suggested that the founding principle of this work group be that they "do no harm." That would imply that what is in place today remain until a smooth transition could occur.

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UB-02 Survey Results

- Diagnosis Code fields should be 6 characters. Donna Pickett added that to accommodate a potential modifier in ICD-10, that an extra digit be allocated as part of UB-02.
- Procedure Code fields should be 7 characters.
- Patient Reason for Visit field should have its own designated form locator.
- The size of the E-code fields should conform to the size of the Diagnosis fields and in recognition of changes in ICD-10-CM, accommodations for additional e-codes should be made.
- Add a discrete element slot for prospective payment or per diem rate code
- Add a discrete element slot for Patient Reason for Visit
- Add a discrete element slot for Presenting Symptom or complaint as reported by the physician.
- There were two issues related to HCPCS codes:
  - Will they exist when ICD-10-PCS is implemented
  - The field size should be increased from 9-11 to accommodate additional modifiers.
- There was also a comment that the UB Manual should eliminate the payer specific requirements.

General Note.

Before the next NUBC meeting George Argus will be meeting with forms companies to lay out suggested modifications to the paper form for the UB-02.

Public Health Note.

Anyone with comments about the suggested changes for the UB-02 should contact Marjorie Greenberg, Donna Pickett, or Bob Davis.

Next Meeting Dates

- August 6 & 7 in Baltimore, Maryland at the Harbor Court. Meeting starts at 10 am on August 6th and ends at noon on August 7th.
- November 7 & 8 in Chicago, Illinois.